

STATEMENT OF ECONOMIC INTERESTS

FILED
Official Use Only

MAR 02 2011

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KATHLEEN MORAN
COLUSA COUNTY CLERK-RECORDER

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marshall Mark D.

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Board of Supervisor

Supervisor District III

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Colusa
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ Assuming Office: Date ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☒ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-2-11
(month, day, year)

Signature

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Mark D. Marshall

<p>▶ NAME OF BUSINESS ENTITY ARDEE Inc. 401K PSP</p> <hr/> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>Management of Insurance</p> <hr/> <p>FAIR MARKET VALUE</p> <p><input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT</p> <p><input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>Mutual Funds</u></p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499</p> <p style="text-align: center;"><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE:</p> <p><u>01 / 01 / 10</u> <u> / / 10</u></p> <p style="text-align: center;">ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <hr/> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <hr/> <p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT</p> <p><input type="checkbox"/> Stock <input type="checkbox"/> Other _____</p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499</p> <p style="text-align: center;"><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE:</p> <p><u> / / 10</u> <u> / / 10</u></p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY Bank of America</p> <hr/> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>IRA</p> <hr/> <p>FAIR MARKET VALUE</p> <p><input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT</p> <p><input type="checkbox"/> Stock <input type="checkbox"/> Other _____</p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499</p> <p style="text-align: center;"><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE:</p> <p><u> / / 10</u> <u> / / 10</u></p> <p style="text-align: center;">ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <hr/> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <hr/> <p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT</p> <p><input type="checkbox"/> Stock <input type="checkbox"/> Other _____</p> <p style="text-align: center;">(Describe)</p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499</p> <p style="text-align: center;"><input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE:</p> <p><u> / / 10</u> <u> / / 10</u></p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
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Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark D. Marshall

► 1. BUSINESS ENTITY OR TRUST

Marshall's Rent-All

Name

PO Box 745, Williams, CA 95987

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Party Rental

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Owner

► 1. BUSINESS ENTITY OR TRUST

Wayman's 76

Name

495 4th Street, Williams, CA 95987

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Spouse
Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Wayman's 76

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

495 4th Street, Williams, CA 95987

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☒ Other Spouse

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark D. Marshall

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ARDEE Inc.

ADDRESS (Business Address Acceptable)

PO Box 706, Willows, CA 95988

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

YOUR BUSINESS POSITION

Safety Officer

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

County of Colusa

ADDRESS (Business Address Acceptable)

547 Market Street, Colusa, CA 95932

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Agency

YOUR BUSINESS POSITION

County Supervisor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mark D. Marshall

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

► NAME OF SOURCE

Regional Council of Rural Counties (RCRC)

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1650

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 124.86
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel and meal expenses related to
volunteer services on the RCRC Board of
Directors

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____

2010 DELEGATE EXPENSE

Schedule "E"

County: **Colusa**
 Delegate: **M. Marshall**

ItemMeals provided at meetings:Amount

Prior year expenses pd in 2010	
Board Meeting: January	28.57
Executive Meeting: February	25.01
Board Meeting: March	26.47
Board Meeting: April	19.35
Executive Meeting: May	13.83
(Modoc) Board Meeting: June	Incl below
Executive Meeting: July	17.42
Board Meeting: August	23.13
(Annual Meeting Napa County) Board Meeting: Sept	38.14
Executive Meeting: October	ESJPA only
Executive Meeting: Dec	17.42
Board Meeting: Dec	25.84
January Annual Installation of Officers*	137.14

* Price is for Supervisor only. Double amount if spouse/guest attended also.

Expense Reimbursements

To Delegate:

61.00

To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

June (Modoc) Lodging:

June (Modoc) Meals:

March NACO:

May NACO WIR

July NACO:

Seminar Registration/Memberships:

Supervisor Travel, Hotel and Meals:

Phone Cards/Communication Eqpt.:

(Modoc) Tour:

Gifts - \$420 limit:

Awards - \$250 limit:

Total Expenses:

124.86

Please record on your
SCHEDULE - E